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|---|--|--------------------------------|--|--------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 0020-5166P | |
| Application No. 10/642,591-Conf. #2938 | | Filing Date August 19, 2003 | | Examiner Thaler, Michael H. | |
| | | | | Art Unit 3731 | |

Applicant(s): Takaaki ISSHIKI et al.

Invention: THROMBUS CAPTURE CATHETER

MS AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.
 The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|---|---|-----------------------------------|----------|------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 7 | - 20 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 1 | - 3 = | 0 | x 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |

☒ Large Entity ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is enclosed.

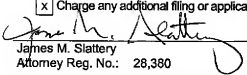
☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2448
 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: June 14, 2007


 James M. Slattery
 Attorney Reg. No.: 28,380

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